

To be used for changes to registrations and terminations.

Lobbying Registration Number

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 6401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Postmark Date: 4-13-99

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Case 1:05-cv-00001-UNA

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1. NAME Randy K. Haynie
Last First MI

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804
 Street and No. City State Zip

4. EMPLOYER Self-employed

5. EMPLOYER'S ADDRESS same as above

Street and No.	City	State	Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No N/A

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name International Plasma Products Industry Association

Address 1350 I Street, NW, Suite 1020, Washington, DC 20005

Business of purpose Blood/Tissue

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Romagosa Radiation Oncology Center
 Address 917 General Mouton Ave., Lafayette, LA 70501
 Business or purpose radiology
☒ New Representation
 Does this person pay you? yes
 If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
 Address _____
 Business or purpose _____
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☐ Terminated Representation as of _____

State of Louisiana
Lafayette
 Parish of _____

Before me, the undersigned authority, personally came and appeared Randy K. Haynie, who,
 after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

[Signature]
 Signature of Lobbyist

Sworn to and subscribed before me on this 8th day of April, 1999.

Eleanor M. Grace
 Notary Public